Name in Full — Certificate of Death

Edith Allen

Died at Queenstown — Town — County Queen Anne — MARYLAND

Date 189 9 — Month 2 — Day 11 — Age Y. 2 M. 6 D. — Native of — Occupation

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ / ~~Number of children living~~

Husband of
Wife

Father's Name E. H. Allen — Mother's Name

Cause of Death — Primary — 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Emmie Reed

Address [redacted] 2-20-

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70883

Name in Full

Certificate of Death

Frances Ann Gray / Biles

Died at Ruthsburg (Town) Queen Anne (County) MARYLAND

Date 1899	Month	Day	Age	Y.	M.	D.	Native of	Occupation
	Feb	9		72	9	29	Ind.	None

~~Male~~ Female | White | ~~Colored~~ | ~~Married~~ | ~~Single~~ | Widow | ~~Widower~~ | ~~Divorced~~

Number of children living one

~~Husband~~ Wife of James H. Biles

Father's Name Henry Gray

Mother's Name Nancy Sennett

Cause of Death: Primary Grippe 9

Immediate Exhaustion

How long sick 5 days

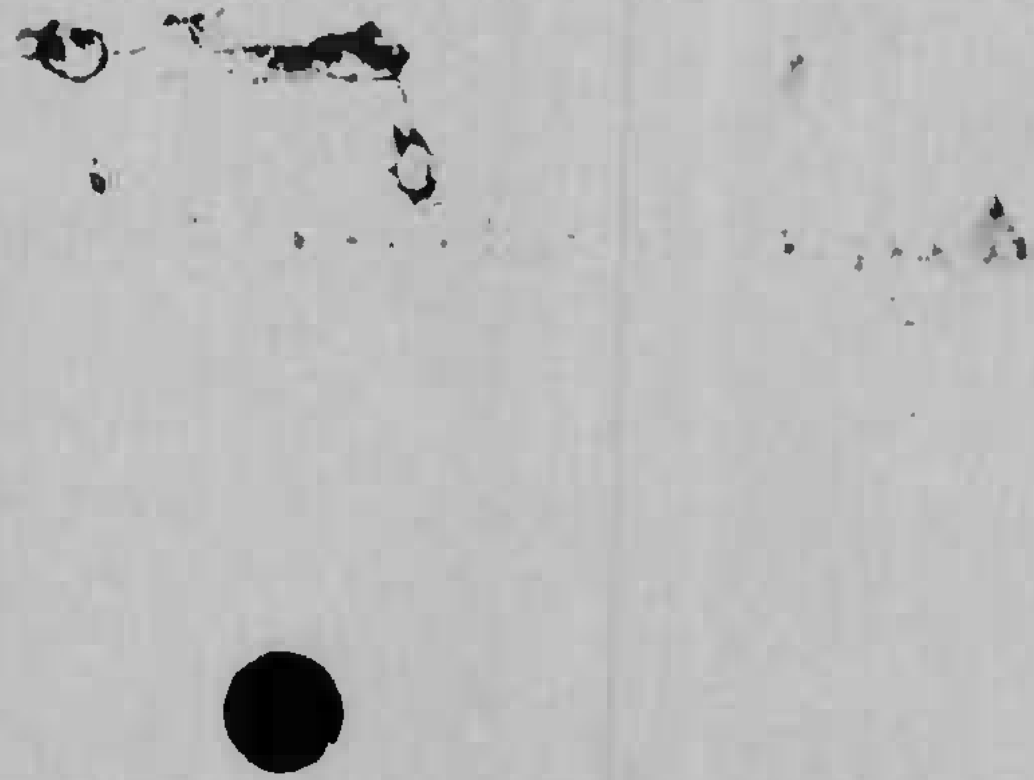
~~Accident, Suicide, Homicide~~

Reported by Walter H. Fenby M. D.

Address Ruthsburg, Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. F5968



Name in Full | Certificate of Death

John H. T. Brown

Died at Town: Near Wye Mills County: Queen Anne MARYLAND

Date 1899 Month 2 Day 23 | Age Y. 59 M. D. | Native of Md | Occupation Miller & Merchant

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of Elisabeth Brown

Father's Name | Mother's Name 57

Cause of Death: Primary Organic heart trouble | How long sick

Immediate Heart failure | ~~Accident, Suicide, Homicide~~

Reported by Howard R. Hopkins,

Address Wye Mills. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Certificate of Death

Sarah Elizabeth Cresswell

Died at Town: Crumpton County: Queen Anne MARYLAND

Date 1899 Month: Feby Day: 23 | Age Y.: 22. M.: 11. D.: 7 | Native of: Md. | Occupation: Housewife

~~Male~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living None

~~Husband~~ Wife of Peter Cresswell

Father's Name: Peter Stults

Mother's Name: Martha Jane Stults

Cause of Death — Primary: Phthisis 22a — How long sick: about 1 year

Immediate: Tuberculer Laryngitis — ~~Accident, Suicide, Homicide~~

Reported by F. N. Sheppard M.D.

Address Crumpton Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full W. James Darling

Certificate of Death

Died at Town: Star County: Queen Anne MARYLAND

Date 1899 Month: Febry Day: 27

Age Y. 58 M. D.

Native of America

Occupation Laborer

X Male ~~Female~~

X White ~~Colored~~

~~Married~~ Single ~~Widow~~ X Widower ~~Divorced~~

Number of children living 4

Husband of Jane Darling

Wife

Father's Name James Darling

Mother's Name cant ascertain

Cause of Death: Primary 77

How long sick 6 days

Immediate Pneumonia

Accident, Suicide, Homicide

Reported by John F Russum Undertaker

Address Hillsboro Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Attended by Dr. James A Alexander

of Hillsboro Mc

Caroline Co

Seen by Coroner _____

of _____

Name in Full

Certificate of Death

Mrs. Jos. Dorbin

Died at Town: Store County: Queen Anne MARYLAND

Date 1899 Month: 2 Day: 15 Age about Y. 45 M. D. Native of Md. Occupation —

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

~~Husband~~ Wife of Jos. Dorbin

Number of children living Three

Father's Name Jos. Dorbin Mother's Name (2)

Cause of Death: Primary Pneumonia 72 How long sick 8 days

Immediate

Accident, Suicide, Homicide

Reported by E. Hackett,

Address Queen Anne Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68868

Name in Full John Gipson

Certificate of Death

Died at Town Winchester County Ital

MARYLAND

Date 1899 Month Feb Day 28 | Age Y. M. D. | Native of Ital | Occupation Farm Hand

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife Sarah Gipson

Father's Name Unknown

Mother's Name Unknown

Cause of Death: Primary Cold

Immediate Colitis

161

How long sick Two weeks

Accident, Suicide, Homicide

Reported by Chas Cockey Mfg.

Address Sweetwater Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65869

Name in Full Annie M Hickman

Certificate of Death

Died at Town Ralphs County 2 C Co Md. MARYLAND

Date 1899 Month 7 Day 4 Age Y. 64 M. — D. Native of Md. Occupation Wife

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living —

~~Husband~~ Wife of Wm Hickman

Father's Name Saml. T Harrison Mother's Name Susan Sheldon

Cause of Death Primary Heart 7 66 How long sick 3 Mos

Immediate ~~Accident, Suicide, Homicide~~

Reported by J K Brown Undertaker

Address Church Hill Md. Dr Weedon. Attendant Church Hill Over

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Attended by Dr. J H G Wisdom 4-26

of Church Hill Md.

Never reports sick births or deaths

Seen by Cum

of

Information contained in this certificate received from W Harrison Newman

of Rolphs. PO. Md.

Name in Full Harriet Hooper

Certificate of Death

Died at Town Centreville County Queen Anne MARYLAND

Date 1899 Month 2 Day 11 | Age Y. 28 M. — D. | Native of Md | Occupation Laborer

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living none

Husband / Wife of none

Father's Name John Hooper

Mother's Name Sarah Hooper 52

Cause of Death: Primary Dont Know unless Cerebral Abscess — How long sick 4 weeks

Immediate Apparently Cerebral Compression — Accident, Suicide, Homicide

Reported by J M Forkran

Address Centreville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FF168

Name in Full: Henry Hoskins

Certificate of Death

Died at Town: Centreville County: Queen Annie MARYLAND

Date 1899 Month: Feby Day: 6th | Age Y. M. D.: 35- | Native of: N. Carolina | Occupation: Porter

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 0

Husband / Wife of: Annie Hoskins

Father's Name: Not Known | Mother's Name: Not Known

Cause of Death: Primar: Tuberculosis Acute | How long sick: 4 months

Immediate: Asthenia 22a | Accident, Suicide, Homicide

Reported by: Jas Bordley

Address: Centreville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Benj Hynson

Died at Town: near Centreville County: Queen Anne MARYLAND

Date 1899 Month: 2 Day: 17 Age Y: 78 M.: — D.: — Native of: Md Occupation: General work

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 2

Husband / Wife of Martha Hynson

Father's Name Dmk Know Mother's Name 97

Cause of Death: Primary Nephritis Chronic How long sick 4 or 5 yrs

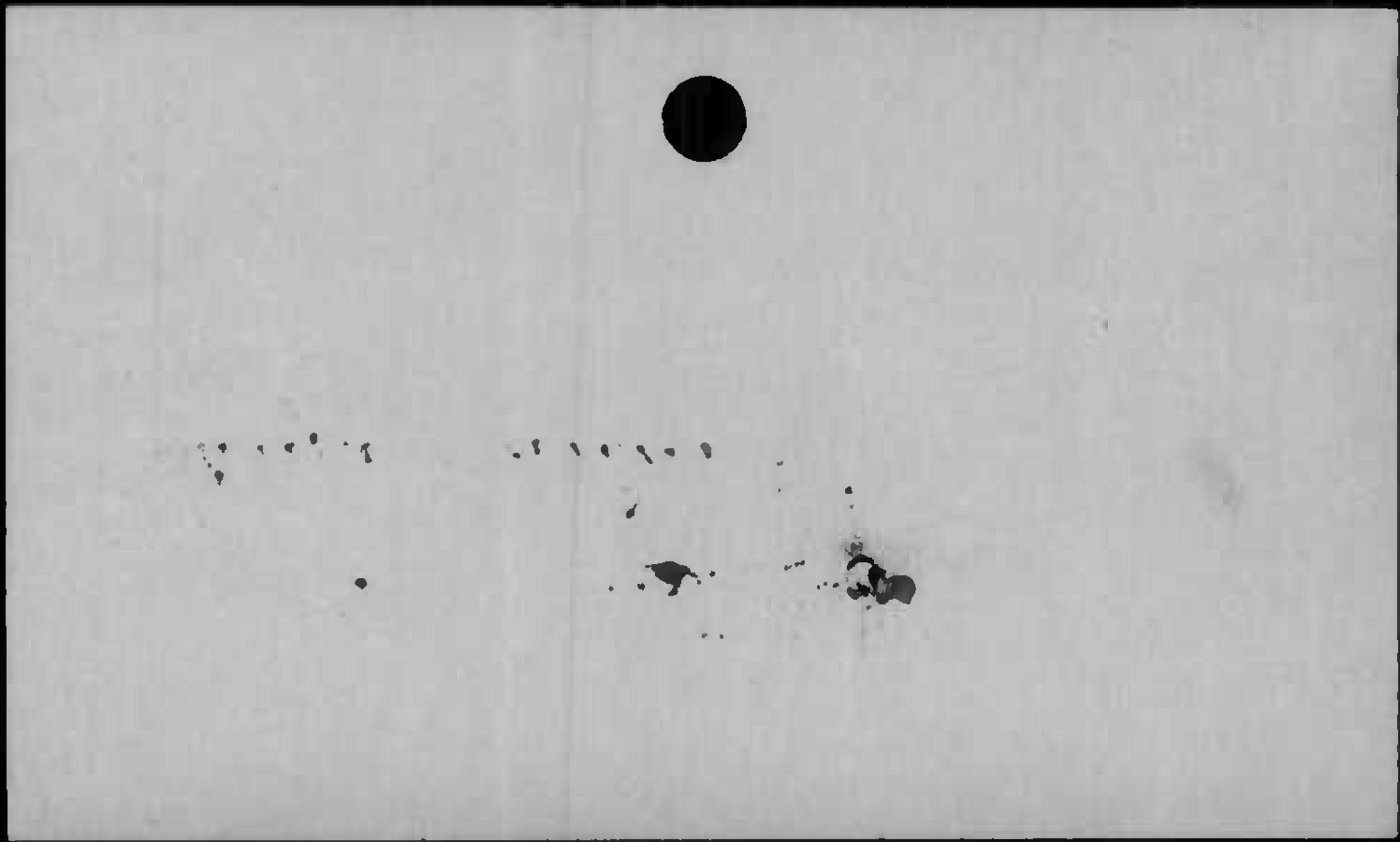
Immediate Cencopae Accident, Suicide, Homicide

Reported by J M Corkran

Address Centreville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68968



Name in Full Thos Johnson

Certificate of Death

Died at Town Hope County 24 MARYLAND

Date 189 Month Feb Day 3 Age Y. 5 M. D. Native of Occupation Labor

Male ~~White~~ Married ~~Widow~~ Divorced

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 12

Husband of Wife Elza Johnson

Father's Name

Mother's Name Elza Johnson

Cause of Death Primary consumption How long sick 6 months

Immediate 22a Accident Suicide, Homicide

Reported by Fletcher Wheeler

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

Joseph McNeil

Died at Town: Chester County: Queen Anne's MARYLAND

Date 189 9 Month: 2 Day: 0 | Age Y. 24 M. D. | Native of | Occupation

Male / ~~Female~~ | White / Colored | Married / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | Number of children living

Husband / Wife of Nellie Flavins

Father's Name

Mother's Name

Cause of Death — Primary: Consumption 2 2a — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Republicans 2-11

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78888

Rev. Joseph Timmons Chester

" J. P. Fitz Gerald, Havre de Grace

Mt. Erin Cemetery.

Name In Full Mrs. Massey

Certificate of Death

Died at Town Templeville County Queen Anne MARYLAND

Date 189 9 Month 2-24 Day | Age Y. M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Dulin Emmal 3-4

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70[illegible]8

Name in Full Thomas Parker

Certificate of Death

Died at Town Chesterfield County A.A.

MARYLAND

Date 1894 Month 2 Day 15 Age 15 Y. M. 8 D. Native of A.A.Co. Md. Occupation school boy

Male ~~White~~ ~~Married~~ ~~Widow~~ Divorced

~~Female~~ Colored Single Widower Number of children living

~~Husband~~ of Wife

Father's Name Thomas Parker

Mother's Name Ellen Parker

Cause of Death: Primary Grip 9 — How long sick 6 months

Immediate Consumption — ~~Accident, Suicide, Homicide~~

Reported by J. W. Dr. Davis M.D.

Address Gambrills Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Joseph Gurney Tumby

Certificate of Death

Died at: Town: Near Ruthsburg County: Queen Anne MARYLAND

Date 1899 Month: 2 Day: 23 | Age Y.: 1 M. D.: 12 | Native of: Maryland | Occupation: Nursing

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name: Chas Tumby

Mother's Name: Mary E Tumby

Cause of Death: Primary: Pneumonia 72

Immediate: Exhaustion

How long sick: 11 days

Accident, Suicide, Homicide

Reported by: J M Dorsman

Address: Centreville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full — Swartzman

Certificate of Death

Died at Town: Church Hill Md. County: Q. A. Co MARYLAND

Date 189 Month: Feb. Day: 19

Age Y. — M. — D. 3

Native of —

Occupation —

Male yes White Yes Married no Widow no Divorced no

Female — Colored Single yes Widower no Number of children living —

Husband of —

Wife —

138

Father's Name Wm Swartzman

Mother's Name Mrs Swartzman

Cause of Death — Primary: Born before full term — How long sick: From birth

Immediate: Infantile Atrophy — Accident, Suicide, Homicide

Reported by Dr W. G. Coppage

Address Church Hill Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78888

Name in Full Ebin Welch

Certificate of Death

Died at Town Barclay County Qa co MARYLAND

Date 1899 Month 2 Day 1 Age Y. 54. M. 1 D. 21 Native of Md Occupation minister

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 4

Husband ~~Wife~~ of Mary Welch

Father's Name Robt. Welch

Mother's Name Sarah Chance

Cause of Death Primary Consumption 22a

Immediate

How long sick 8 mos

~~Accident, Suicide, Homicide~~

Reported by J K Brown

Address Church Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Attended by Dr. J. H. Yarbrough 4-25-
of Church Hill Md.

Must Report any Case.

Seen by Coroner _____

of _____

Information contained in this certific[illegible]
ceived from J. H. Phillips
of Berclay.

Name In Full Mrs. Elizabeth L. Whittenhouse

Certificate of Death

Town

County Queen Anne

Died at MARYLAND

Date 189 9 Month 2 Day 15. Age Y. 78 M. D. Native of Occupation

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living

~~Husband~~ Wife of A. L. Whittenhouse

Father's Name

Mother's Name

Cause of Death: Primary 161 How long sick

Immediate

Accident, Suicide, Homicide

Reported by Centreville Record

Address [redacted] 2-20-

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70[illegible]B

J. K. Brown, Church Hill,
Undertaker